

Skin Cancer in Virginia

Risk Factors¹

- Risk factors for skin cancer (including basal and squamous cell cancer) include being sensitive to the sun (i.e. being predisposed to burn rather than tan) and having a high lifetime exposure to the sun or tanning booths.
- Melanoma risk factors also include a personal/family history of skin cancer and having many moles (50 or more).
- Steps an individual can take to prevent skin cancer include reducing their sun exposure, taking sun-protective measures (such as using sunscreen with an SPF of 30 or greater and covering up with clothing when outside in the sun), and avoiding tanning booths. It is especially important to protect children from the sun to prevent them from developing skin cancer when they get older.



Warning Signs and Symptoms¹

- Signs of skin cancer (including basal and squamous cell cancer) include new skin growths or changes in existing growths that last for at least a month.

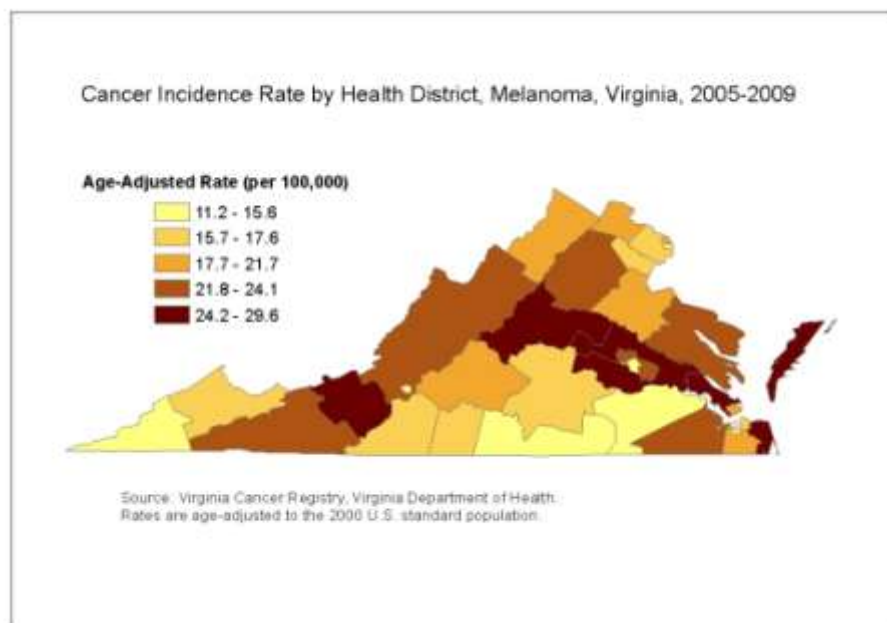
Early Detection¹

- Examine your skin regularly for new growths or changes in growths and have these checked by a health professional. Follow the **ABCD rule**: **A** for asymmetric growths; **B** for border irregularity; **C** for color variation; and **D** for diameter (size > pencil eraser).

Melanoma Facts

- Melanoma (the most serious form of skin cancer) is among the top five cancers diagnosed among men and women in the United States but is relatively rare as a cause of death. Men have a 2.56% chance and women have a 1.73% chance of being diagnosed with melanoma during their lifetime.¹
- Over the 2005-2009 time period, the incidence rate of melanoma in Virginia was 20.7 cases per 100,000.² (U.S. rate=21.0 cases per 100,000)³
- Figure 1 shows incidence rates of melanoma by health district in Virginia.

Figure 1

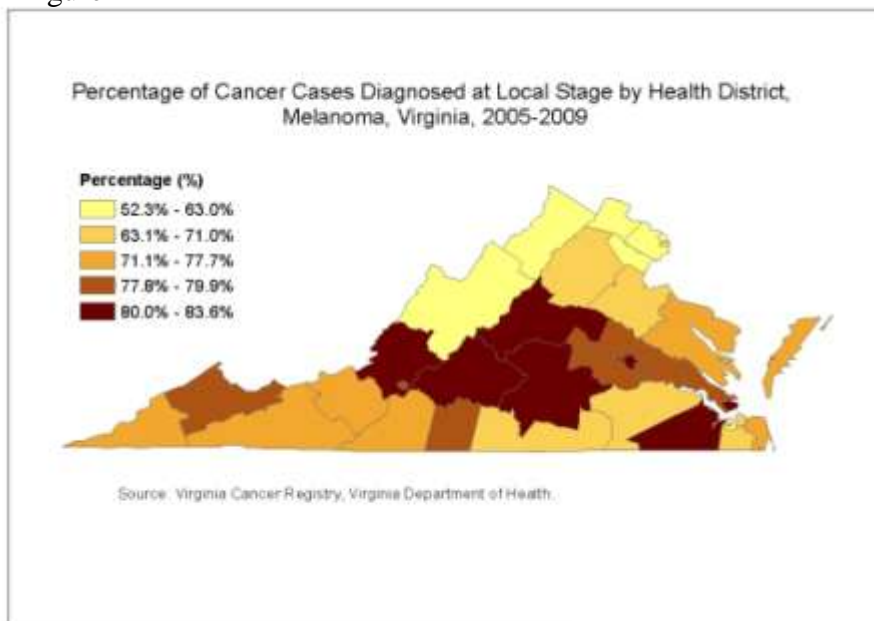


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Virginia Beach, Thomas Jefferson, Chesterfield, and Peninsula had the highest incidence rates of melanoma among the 35 health districts.²

- Over the 2006-2010 time period, the melanoma mortality rate in Virginia was 3.0 deaths per 100,000.⁴ (U.S. rate=2.7 deaths per 100,000)⁵
- Melanoma incidence rates in Virginia were over twenty times greater in whites compared to African-Americans, and were higher in white males compared to white females.²
- Melanoma mortality rates in Virginia were about seven times greater in whites compared to African-Americans, and were over twice as high in white males compared to white females.⁴
- Melanoma has a five-year relative survival rate of 99 percent if diagnosed in its earliest (local) stage when it is most curable.¹ In Virginia, 71 percent of melanoma diagnosed was local stage.²

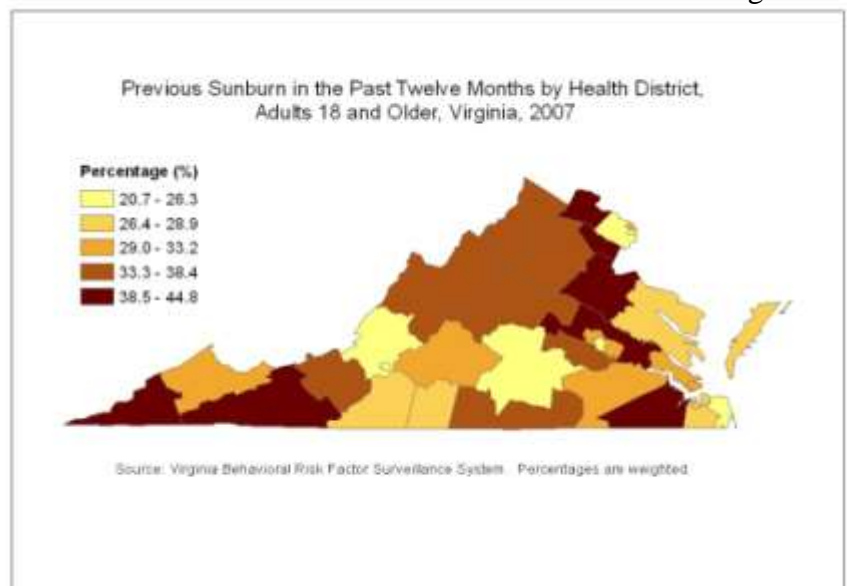
Figure 2



- Figure 2 shows the percentage of melanoma diagnosed local stage by health district. Arlington, Loudoun, and Fairfax had the lowest percentages of melanoma cases diagnosed local stage among the 35 health districts.²
- The percentage of melanoma cases diagnosed local stage was much higher for whites (74%) compared to African-Americans (46%) in Virginia.²

Figure 3

- According to 2007 health behavior survey data, about a third (32%) of Virginia adults reported having had a sunburn in the previous 12 months.⁶
- Figure 3 shows the prevalence of adults reporting a sunburn over the previous 12 months by health district in Virginia. Rappahannock, Loudoun, and Lenowisco had the highest percentage of adults reporting a sunburn among the 35 health districts.⁶



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- White adults (especially white males) were more likely to report having had a sunburn in the previous 12 months.⁶
- In Virginia in 2010, there were 52 inpatient hospitalizations for melanoma, at a total cost of over \$1.0 million. The average length of stay was 2.8 days and the average charge per stay was \$20,537.⁷

¹American Cancer Society *Cancer Facts & Figures 2009* (<http://www.cancer.org>)

²Virginia Cancer Registry. Based on combined data from 2005-2009. Rates are age-adjusted to the 2000 U.S. standard population.

³Howlader N, Noone AM, Krapcho M, Neyman N, Aminou R, Waldron W, Altekruse SF, Kosary CL, Ruhl J, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). SEER Cancer Statistics Review, 1975-2009 (Vintage 2009 Populations), National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2009_pops09/, based on November 2011 SEER data submission, posted to the SEER web site, April 2012. Based on combined data from 2005-2009. Rates are age-adjusted to the 2000 U.S. standard population.

⁴VDH Division of Health Statistics. Based on combined data from 2006-2010. Rates are age-adjusted to the 2000 U.S. standard population.

⁵Miniño AM, Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: National Center for Health Statistics. 2011. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf. National rate is the 2008 age-adjusted rate, which is comparable to the state five-year interval midpoint.

⁶Virginia Behavioral Risk Factor Surveillance System. Based on 2007 data. Percentages are population-weighted.

⁷VDH Virginia Health Information Hospital Discharge Patient-Level Dataset.

